

POWER OF ATTORNEY—NEW YORK STATUTORY SHORT FORM EFFECTIVE AT A FUTURE TIME

(a) CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third

parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) DESIGNATION OF AGENT(S):

name and address of principal

I,

hereby appoint:

name(s) and address(es) of agent(s)

as my agent(s)

If you designate more than one agent above, they must act together unless you initial the statement below.

[] My agents may act SEPARATELY.

(c) DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)

If any agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

name(s) and address(es) of successor agent(s)

Successor agents designated above must act together unless you initial the statement below.

[] My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

(d) This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications.”

(e) This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under "Modifications."

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under "Modifications" that the agents with the same authority are to act together.

(f) GRANT OF AUTHORITY:

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or*
- (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.*

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- | | |
|--|--|
| [] (A) real estate transactions; | [] (J) benefits from governmental programs or civil or military service; |
| [] (B) chattel and goods transactions; | [] (K) health care billing and payment matters; records, reports, and statements; |
| [] (C) bond, share, and commodity transactions; | [] (L) retirement benefit transactions; |
| [] (D) banking transactions; | [] (M) tax matters; |
| [] (E) business operating transactions; | [] (N) all other matters; |
| [] (F) insurance transactions; | [] (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select; |
| [] (G) estate transactions; | [] (P) EACH of the matters identified by the following letters |
| [] (H) claims and litigation; | |
| [] (I) personal and family maintenance. | |

If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;

You need not initial the other lines if you initial line (P).

(g) MODIFICATIONS: (OPTIONAL)

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent.

However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Gifts Rider.

This power of attorney shall take effect upon the occasion of the signing of a written statement EITHER: *(Instructions: Complete section (I) —or— section (II) below but never complete both sections (I) and (II) below. If you do not complete either section (I) or section (II) below, it shall be presumed that you want the provisions of section (I) below to apply. If section (I) is completed, attach a completed form, Authorization for Release of Health Information Related to Capacity.)*

Insert full name(s) and address(es) of certifying Physician(s) chosen by you (I) by a physician or physicians named herein by me at this point:
 Dr.
 or if no physician or physicians are named hereinabove, or if the physician or physicians named hereinabove are unable to act, by my regular physician, or by a physician who has treated me within one year preceding the date of such signing, or by a licensed psychologist or psychiatrist, certifying that I am suffering from diminished capacity that would preclude me from conducting my affairs in a competent manner; OR

Insert full name(s) and address(es) of certifying Person(s) chosen by you (II) by a person or persons named herein by me at this point:

CERTIFYING that the following specified event has occurred:

(Insert hereinabove the specified event the certification of which will cause THIS POWER OF ATTORNEY to take effect)

(h) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER: (OPTIONAL)

In order to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

[] (SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

(i) DESIGNATION OF MONITOR(S): (OPTIONAL)

If you wish to appoint monitor(s), initial and fill in the section below:

[] I wish to designate whose address(es) is (are)

as monitor(s). Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.

(j) COMPENSATION OF AGENT(S): (OPTIONAL) *Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, initial the statement below. If you wish to define "reasonable compensation," you may do so above, under "Modifications."*

[] My agent(s) shall be entitled to reasonable compensation for services rendered.

(k) ACCEPTANCE BY THIRD PARTIES: I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

(l) TERMINATION: This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

(m) SIGNATURE AND ACKNOWLEDGMENT:

In Witness Whereof I have hereunto signed my name on 20

PRINCIPAL signs here:  _____

STATE OF NEW YORK, COUNTY OF _____ ss.: **ACKNOWLEDGMENT**
On _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(signature and office of person taking acknowledgment)

(n) IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

(1) act according to any instructions from the principal, or, where there are no instructions, in the principal’s best interest;

(2) avoid conflicts that would impair your ability to act in the principal’s best interest;

(3) keep the principal’s property separate and distinct from any assets you own or control, unless otherwise permitted by law;

(4) keep a record of all receipts, payments, and transactions conducted for the principal; and

(5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal’s name and signing your own name as “agent” in either of the following manners: (Principal’s Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal’s Name).

You may not use the principal’s assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in this

document, which is either a Statutory Gifts Rider attached to a Statutory Short Form Power of Attorney or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal’s best interest. You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal’s guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent:

The meaning of the authority given to you is defined in New York’s General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

(o) AGENT’S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

Agent(s) sign(s) here:  _____

ACKNOWLEDGMENT

State of New York, County of _____
On _____ before me, the undersigned,
personally appeared _____

ss: State of _____ County of _____
On _____ before me, the undersigned,
personally appeared _____

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(signature and office of individual taking acknowledgment)

(signature and office of individual taking acknowledgment)

(p) SUCCESSOR AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the SUCCESSOR agent(s), if any, sign at the same time, nor that multiple SUCCESSOR agents sign at the same time. Furthermore, successor agents can not use this Power of Attorney unless the agent(s) designated above is/are unable or unwilling to serve.

I/we, _____ have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

Successor Agent(s) sign(s) here:  _____

ACKNOWLEDGMENT

State of New York, County of
On
personally appeared

ss: before me, the undersigned,

State of
On
personally appeared

County of
before me, the undersigned, ss:

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(signature and office of individual taking acknowledgment)

(signature and office of individual taking acknowledgment)

AFFIDAVIT THAT POWER OF ATTORNEY IS IN FULL FORCE AND EFFECT

(Sign before a notary public)

STATE OF

COUNTY OF

ss.:

being duly sworn, deposes and says:

1. The Principal appointed me as the Principal's true and lawful agent in the within Power of Attorney.
2. I do not have, at the time of this transaction, actual notice of the termination or revocation of the Power of Attorney, or notice of any facts indicating that the Power of Attorney has been terminated or revoked;
3. I do not have, at the time of this transaction, actual notice that the Power of Attorney has been modified in any way that would affect my ability as the agent to authorize or engage in the transaction, or notice of any facts indicating that the Power of Attorney has been so modified; and
4. I make this affidavit for the purpose of inducing

to accept delivery of the following Instrument(s), as executed by me in my capacity as the agent, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the Instrument(s) and in paying good and valuable consideration therefor:

I am the successor agent; the prior agent is no longer able or willing to serve.

Sworn to before me on _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION RELATED TO CAPACITY

NOTICE TO THE PRINCIPAL:

This form should accompany your Durable General Power of Attorney Effective at a Future Time if you chose option "I" in section (g) "Modifications." The purpose is to allow the release of any written statement certifying that, at the time of the statement, you are suffering from diminished capacity that would preclude you from conducting your affairs in a competent manner.

If you chose this option and you become incapacitated, third parties may require a medical statement confirming your condition, to assure them that your Power of Attorney has taken effect. Under federal medical privacy law, in order for your medical provider to be able to release this statement to your Attorney-in-Fact or any other person(s) you specify, your provider must have your authorization in writing. When completed and signed, this form becomes a valid authorization for later release of this statement, if it is ever needed.

AUTHORIZATION:

I am the Principal of the above Power of Attorney. My date of birth is

I authorize the physician(s) or other health care providers authorized in my Power of Attorney, to release to the Agent(s) or Successor Agent(s) named in sections (b) and (c) of the above Power of Attorney, at their request, a written statement certifying that I am suffering from diminished capacity that would preclude me from conducting my affairs in a competent manner. The written statement concerning my capacity may be given to other parties. I further request that the person(s) releasing the statement also provide me with a copy of the statement. This authorization will expire 1 year after my death, or when I revoke it.

I understand that I may revoke this authorization in writing at any time by sending a signed and dated written statement to the physician(s) or other health care providers authorized agents or successor agents in my Power of Attorney, saying that I am revoking my authorization to disclose a statement about my incapacity. My revocation will have no effect on information that my medical providers had released under this authorization prior to revocation.

The physician(s) or other health care providers authorized in my Power of Attorney, may not condition treatment, payment, enrollment or eligibility for benefits on whether I have signed this authorization form.

Dated:

Signature of Principal

POWER OF ATTORNEY – NEW YORK STATUTORY SHORT FORM
EFFECTIVE AT A FUTURE TIME

Principal

Agent(s)

Record and Return To: